

PSYCHOSOCIAL SUPPORT SERVICES

Effective Date: 11-07-2020

I. PURPOSE

The purpose is to define and provide guidance as to what is allowable for the Psychosocial Support Services category of service, in accordance with HRSA/HAB National Monitoring standards.

II. DEFINITION

Psychosocial Support Services help clients empower themselves and develop effective strategies for living healthy lives. Through one-on-one interaction and in small groups, these services support clients' engagement in health care and provide opportunities for education, skill-building and emotional support in a respectful environment. Psychosocial supportive service is not intended to address highly complex behavioral or case management issues. Referrals should be made to a more appropriate service. Referrals should be appropriate to client situation, lifestyle and need.

Psychosocial Support Services that may include:

- Support and counseling activities
- Child abuse and neglect counseling
- HIV support groups
- Pastoral care/counseling
- Caregiver support
- Bereavement counseling
- Nutrition counseling provided by a non- registered dietitian

Note: Funds under this service category may not be used to provide nutritional supplements, social clubs/recreational activities or to pay for client's gym membership.

III. PROGRAM GUIDANCE

Psychosocial support services include pastoral care/counseling, with a client referral to an appropriate licensed or accredited provider to address service needs (home care or hospice provider).

Pastoral care/counseling supported under this service category to be provided by:

- An institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
- A licensed or accredited provider wherever such licensure or accreditation is either required or available

- And available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation

Resource for interfaith network see the link to The Balm in Gilead:

<https://www.balmingilead.org/>

PERFORMANCE MEASURE

Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures and National HIV/AIDS Strategy indicators. Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and fewer than 50% of the recipients' eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where fewer than or equal to 15% of the recipients' eligible clients receive at least one unit of service. (HRSA/HAB Policy Clarification Notice 15-02).

For Clinical Quality Management measures see Appendix A: HRSA/HAB National Monitoring Standards, and HRSA/HAB Core Performance Measures Portfolio and Core Measures links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients.

HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA/HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

**APPENDIX A: HIV/AIDS BUREAU, DIVISION OF STATE
HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS
FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B**

Quality Management

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.

Standard	Measure
1.1) Measure and report client health outcomes using Medical Nutrition Therapy service measures approved by ADPH	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of people living with HIV and receiving Substance Abuse Treatment (Outpatient) Services, regardless of age, who will have at least two care markers in a 6-month period of the 24-month measurement period, occurring at least 60 days apart. (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Substance Abuse Treatment (Outpatient) Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>